

## AUTHORIZATION FOR WORKERS' COMPENSATION RECORDS

TO:

RE:

DOB:

SSN:

You are hereby authorized to release workers' compensation records to:

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or their authorized Representative, Appleby & Company, Inc., 2828 N. Wishon Avenue, Fresno, CA 93704.

The information sought is for the specific use of the said entity listed above to settle any claims regarding the above-named individual relating to disability, workers' compensation, personal injury, social security, insurance disability plans, retirement plans, etc.

This release shall be valid for one year from the date hereof and will then expire without any further notice or condition.

The person signing this authorization is entitled to and hereby acknowledges receipt of a true copy of this authorization.

A carbon copy, photostatic copy, or thermofax copy of this true release shall be as valid as the original.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_